STATE OF NEVADA

DIVISION OF PUBLIC AND BEHAVORIAL HEALTH

NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD

4150 Technology Way, Room 303

Carson City, NV 89706

July 11, 2018

9:00 a.m. to Adjournment

DRAFT MINUTES

1. **Call to Order**

   Karen Beckerbauer, Vice Chair

2. **Members of the Northern Regional Behavioral Health Policy Board in Attendance:**

   Wanda Nixon, Ali Banister, Dr. Joseph McEllistrem, Taylor Radtke, Jessica Flood, Karen Beckerbauer, Edrie LaVoie, Sandie Draper, Assemblywoman Robin Titus, Carson City Sherriff Ken Furlong, Adrienne Sutherland

   Absent Members: Kevin Morss, Dave Fogerson, Nicki Aaker

3. **Update on Nevada 2-1-1 – Presented by Paul Thornton, Community Outreach and Communication Specialist, Nevada 2-1-1**

   Mr. Paul Thornton stated Nevada 2-1-1 has existed for thirteen years. Nevada 2-1-1 strives to offer non-emergency relief for 9-1-1 operators and provide non-emergency resource assistance to the community. Mr. Thornton stated the Nevada Department of Health and Human Service (DHHS) offered a bid out to a financial guidance center to oversee the program in 2015. The Nevada 2-1-1 is now run by a division of Money Management International, which is a non-profit consumer credit counseling agency. Mr. Thornton stated Nevada 2-1-1 is attempting to improve contact with other agencies and offered his personal email paul.thornton@moneymanagement.org and phone number 702-327-3796 to the public in case anyone wished to contact him with new agency information. Mr. Thornton also offered other emails for Nevada 2-1-1 staff: heather.waller@moneymanagement.org who is the database coordinator and michelle.johnson@moneymanagement.org who is the Executive Director of Nevada 2-1-1. Mr. Thornton stated all states have a 2-1-1 program, and Nevada established its 2-1-1 program in 2005, in order to establish an information and referral service for the entire State of Nevada. The program provides basic human service need information, such as housing, food assistance, utilities services and shelter. The program also provides physical, behavioral health, employment, and children service information. The program allows the public to dial 2-1-1 and be directed to a call center that is available 24 hours/7 days a week, 365 days per year. Individuals can also text their zip code to 898211 or go online at nevada211.org for further assistance.

Mr. Thornton stated the Nevada 2-1-1 program has recently updated their list of Nevada agencies and confirmed its list had approximately 900 agencies in June 2017. Mr. Thornton stated the number of agencies who offer services within Nevada grows each day and therefore the program is attempting to update their list regularly. Mr. Thornton stated the Nevada 2-1-1 program provides the information requested by public members who call, and also follows up with the person to verify the information was helpful. Mr. Thornton stated Nevada 2-1-1 can provide records to an agency with a list of clients who have been referred to their agency for services. Mr. Thornton stated any agency is welcome to contact himself, Heather Waller or Michelle Johnson, to notify them how Nevada 2-1-1 can be improved to better provide information to Nevada communities. Mr. Thornton stated Nevada 2-1-1 has established a Disaster Relief Plan, which has allowed them to aid during disasters such as the flooding that occurred in Northern Nevada in January 2017 and also during the October 1, 2017 mass shooting in Las Vegas, Nevada.

Following the presentation, Assemblywoman Titus stated one issue with Nevada 2-1-1 is keeping the information current and accurate. Mr. Thornton stated the Nevada 2-1-1 database coordinator sends annual information verification update emails to each agency. Mr. Thornton stated a common issue occurs when the email Nevada 2-1-1 sends is often received as "spam". Mr. Thornton suggested contacting Heather Waller, Database Coordinator, to notify her of any information which may be missing. Assemblywoman Titus questioned if Nevada 2-1-1 provides information to callers based upon the area the phone call is initiated from. Mr. Thornton stated Nevada 2-1-1 operators are located in Las Vegas, Nevada and attempt to request information about the caller in order to determine the proper information to provide. Assemblywoman Titus questioned if Nevada 2-1-1 operators are trained to find the nearest provider for the caller based upon the location the caller provides. Mr. Thornton confirmed the operators are trained to find the nearest providers for each caller.

A Board Member questioned what happens if a caller contacts Nevada 2-1-1 asking questions regarding an agency that is not in their database. Mr. Thornton stated operators are unable to refer callers to agencies that are not within their database.

Jessica Flood questioned if Nevada 2-1-1 has partnered with the several Nevada Coalitions in order to refer callers to local providers when a resource is unknown or is not listed within the Nevada 2-1-1 database. Mr. Thornton stated Nevada 2-1-1 has partnered with coalitions but needs assistance with locating more contacts for Northern Nevada partnerships. Jessica Flood mentioned Nevada is regional and the Nevada 2-1-1 website does not have the option to search for resources by zip code. Jessica Flood stated she is looking forward to the Nevada 2-1-1 ambassador meeting Mr. Thornton mentioned, to discuss suggestions on how the process can be improved.

Jennifer White, DHHS Nevada 2-1-1 Coordinator, stated the database is going through a national accreditation process, and part of the process requires each agency listed to fill out an information accreditation form. Ms. White stated she has complained to the national organization requiring this process, stating the process hinders the database from being updated quickly. After the first accreditation form has been filled out by the agency, an annual information update is requested by email. Ms. White mentioned

agencies often prefer meeting with Nevada 2-1-1 staff in person when being asked to fill out information accreditation forms, which proposes challenges for staff to meet with each agency across the state. Ms. White stated Nevada 2-1-1 does not currently have the funding for an outreach staff to meet with each agency. Ms. White stated Nevada 2-1-1 is viewed as a starting point and often people are later referred to family resource centers when looking for additional assistance. Ms. White stated the program has been looking at ways to improve the funding needed for better navigation services, in order to refer callers to additional agencies more efficiently.

Jessica Flood questioned if there is, or will be, an area on the Nevada 2-1-1 website which contains trauma resources for the October 1, 2017 shooting disaster. Jennifer White stated there is a link on the Nevada 2-1-1 website under the section labeled "Victims of Crime" which includes some trauma resources for the October 1, 2017 event. Jennifer White also confirmed there is a way to search for resources by zip code on the website, once you first select the category of services you are looking for (i.e. food, shelter, etc.)

Adrienne Sutherland stated as an agency provider who has worked with Nevada 2-1-1, she finds it cumbersome to add all locations and programs to the website and wanted to know if there is a way to streamline the process. Jennifer White stated she is unsure of an alternative process but is open to suggestions.

Taylor Radtke stated the coalitions offer direct services, but also coordinate in order to offer other service information found within the community. Taylor Radtke stated the current Nevada 2-1-1 form only requests direct service information from the agency, and she believes adding additional coordination information would be helpful. Taylor Radtke stated it may not be useful for the consumer to know the coordination information, but it would be beneficial for other agencies to know which agencies coordinate with each other.

Edrie LaVoie thanked Paul Thornton for providing Nevada 2-1-1 contact information. Ms. LaVoie stated DHHS requires all its agencies to register with Nevada 2-1-1 and it is sometimes required in order to be eligible for certain grants. Edrie LaVoie stated it sounds like many complaints against Nevada 2-1-1 can be addressed during the ambassador group meeting which is planned to occur. Paul Thornton stated the ambassador meeting is meant to further communications with all agencies but is mainly focused on improving relationships within the Northern Nevada and rural areas. Paul Thornton stated the process to register with Nevada 2-1-1 can be difficult, and offered his services to any agency who may need assistance filling out the required information with the program.

The Board thanked Paul Thornton and Jennifer White for presenting and making it apparent Nevada 2-1-1 is making efforts to improve their database and relations with community agencies.

4. **Approval of April 6, 2018 and May 10, 2018 meeting minutes – Board Members**

Ali Banister motioned to approve both the April and May 2018 meeting minutes. Taylor Radtke seconded the motion. The remaining Board Members motioned to approve the meeting minutes unanimously. Motion passed.

5. **Public Comment**

   No public comment.

6. **Regional Behavioral Health Updates – Jessica Flood, Regional Behavioral Health Coordinator**

   Jessica Flood stated Nevada was chosen to have technical assistance provided for the justice reinvestment initiative by Pew, which is a global research and public policy organization. The Advisory Committee of Administrative Justice has requested Pew assist Nevada in the past. Pew plans to survey and assess Nevada's needs for the criminal justice system's improvement, write a recommendation report and provide a technical assistance team to assist Nevada during the upcoming Legislative session. The technical assistance team will be able to assist with adopting bills, making changes, and finding funding in order to help make Nevada's criminal justice system more efficient. Jessica Flood stated the plan is to have the criminal justice system updated to involve evidence based practicing and use criminal justice system funds to promote diversion programs such as JASTT, FASTT, MOST and crisis triage centers (CTC).

   Jessica Flood stated a Regional Behavioral Health Coordinator has been invited to present to the Board during the next meeting, regarding the October 1, 2017 shooting and trauma initiatives being made.

7. **Presentation and recommendations on additional information regarding identified priorities for Bill Draft Request (BDR) including changes to NRS 433a and multi-disciplinary team information sharing.**

   See presentation handouts under Exhibit A.

   Jessica Flood stated during the previous Board meeting, two topics were voted as being potential priorities for the Board's BDR. The first topic was exploring how to change NRS 433a, and the second topic was multidisciplinary team information sharing. Jessica Flood stated she spoke with Chuck Duarte, Washoe Regional Behavioral Health Policy Board, Chair, about multidisciplinary team information sharing. Chuck Duarte knew a contact from the State of Hawaii who has found a legal way to formalize multidisciplinary teams. Jessica Flood stated Hawaii has used the Accountable Care model which allows organizations and/or communities to be provided funding, and if the funding is used effectively and efficiently, more funding is provided. If the funding is not used efficiently then the funding is not re-issued. Jessica Flood stated this model creates accountability in the community and is a new concept for the State of Nevada. Jessica Flood stated Hawaii has created quality assurance committees who are responsible for discussing over-utilizers of community emergency services and attempt to improve services for them to reduce emergency room admissions and reduce hospitalizations. Jessica Flood stated she will be sharing the legislation Hawaii plans to present to their Governor, which allows the quality assurance committees to share information aligned

with HIPAA. Jessica Flood stated the process would improve continuity of care if brought to Nevada.

Jessica Flood stated she has worked with Nevada Rural Hospital Partners in examining changes needed for NRS 433a. Jessica Flood stated 95% of the work has been done during the last legislative session by Nevada Rural Hospital Partners, and the topic would just need the Board's support if decided to become their BDR. During the presentation, Jessica Flood gave an overview of the current Nevada Legal 2000 (L2K) process and provided the Board with information regarding NRS 433a known issues, perceived problems and possible statutory reforms.

Following the presentation, Edrie LaVoie questioned what the proposed changes were for NRS 433a, during the previous Legislative session in 2017. Blaine Osborne, Nevada Rural Hospital Partners, provided a response, stating during the previous Legislative session there was a bill known as SB 367 which proposed changes to NRS 433a. Mr. Osborne added the bill proposed many of the changes recommended during Jessica Flood's presentation. Joan Hall, Nevada Rural Hospital Partners, stated the obstacles which occurred during the last Legislative session was the lack of "ground swell support". She stated people did not understand why changes were necessary for the definition of mental illness. During previous Legislative hearings, individuals such as Sheriff Furlong, Dave Fogerson, and Jeff Page, testified on how the mentally ill population effect frontline community services. Ms. Hall further stated NRS 433a has been added to over the years, since its formation in the 1970s, but an overall update to the statute has not been achieved. Joan Hall stated the previous bill, SB 367, was created with Legislative Counsel Bureau legal verbiage and is available for the Board's review.

Jessica Flood added the Board could also discuss the need to create a pre-civil hold to occur in order to determine if an individual still needs to be placed on a legal hold additionally. Assemblywoman Titus stated law enforcement has had the option to place individuals in the "drunk tank", which allows individuals to be held until they sober up and detox from drugs or alcohol. Jessica Flood stated civil protective custody is currently used by law enforcement. Joan Hall stated she had learned Colorado uses crisis triage centers (CTC), in order to place patients in crisis and allow them the opportunity to detox and determine if the individual is still experiencing mental health crisis. Joan Hall stated Colorado does not place individuals experiencing mental health crisis in jail or in a hospital, but instead always places them in a CTC in order for stabilization to occur. Joan Hall added Colorado places individuals experiencing drug or alcohol induced crisis in CTCs as well. Joan Hall stated patients in Colorado have additional services offered, such as behavioral health transportation to the CTC, and the opportunity to be discharged to a behavioral health hospital or outpatient treatment program. Assemblywoman Titus questioned if the CTCs in Colorado are considered free standing centers. Joan Hall stated the CTCs are free standing centers and are staffed. She added they are strategically placed throughout Colorado. Assemblywoman Titus questioned what the funding source is for the Colorado CTCs. Joan Hall stated the Colorado Legislature funded the CTCs following the "aurora shootings", to address the behavioral health concerns within their community. Joan Hall stated the reimbursement process was expensive for Colorado and she is not clear on the details of process Nevada would have to pursue to become similar, and stated DuAne Young may be a better contact for such information.

Sheriff Furlong stated jails are not the place for mental illness stabilization, due to the fact inmates are placed in a jail cell and left alone. Joan Hall agreed with Sheriff Furlong. Julia Peek, DPBH, stated the current L2K form requires the person filling out the form (usually law enforcement) to attest the person is a danger to themselves and others, but does not include any person whom capacity is diminished by epilepsy, mental retardation, dementia, delirium, brief intoxication caused by drugs or alcohol. Julia Peek stated law enforcement often does not have the knowledge/training to attest to the listed diagnosis, but they are using the form because it is the only way to transport individuals in crisis against their will to a facility other than jail. Julia Peek stated DPBH is looking at ways to allow law enforcement to transport individuals to medical facilities without having to attest on the L2K form.

Joan Hall stated Colorado has passed a law which makes it illegal to transport a behavioral health patient experiencing crisis to jail or an emergency room, but instead requires them to be transported to a CTC.

Vice Chair Karen Beckerbauer stated she appreciates the Nevada Rural Hospital Partners' efforts during the last legislative session regarding this topic. She stated the Board may be able to advocate for the NRS to be updated, and added several rural Nevada county district attorneys have mentioned they are willing to advocate for the bill concept as well.

Blain Osborne stated he could bring several drafts of SB 367 and present the information to the Board during a future meeting. Vice Chair Karen Beckerbauer stated that would be ideal.

Assemblywoman Titus questioned if Blain Osborne knew if Senator Joseph Hardy planned to bring SB 367 back to the legislature. Mr. Osborne stated he did not know the answer to the question, but could discuss it with Senator Hardy.

Edrie LaVoie motioned to request Jessica Flood to bring back more information on proposed changes to NRS 433a and to also have a presentation available to discuss SB 367 from the 2017 legislative session. The motion was seconded by Taylor Radtke. The motion passed.

8. Public Comment

No public comment.

9. Adjournment

Sheriff Furlong motioned to adjourn. The motion was seconded by Ali Banister. The motion passed unanimously. The meeting was adjourned.

Exhibit A

COMMUNITY FIRST

East Hawaii's Response to the Healthcare Cost Crisis

Community First is a 501(c)3 non-profit created to serve as a neutral forum for the community to find solutions to improve health and lower healthcare costs in East Hawaii. It is led by Barry Taniguchi and a volunteer board of community and healthcare leaders. Community First has two strategies: 1. Tip the idea of healthcare from treating disease to caring for health through grass roots initiatives. 2. Create trust through a regional health improvement collaborative (RHIC) so that the system can transform itself.

The Community Action Network (CAN)

One of our major initiatives is to provide effective care for high cost, high need patients by coordinating medical and social services in East Hawaii. For that purpose CAN was convened as a coalition of medical and social service providers with a focus on care coordination. These providers include Hope Services, Hilo Medical Center, Community Paramedicine, Bay Clinic, Hui Malama Ola Na Oiwi, East Hawaii Independent Physicians Association, Big Island Substance Abuse Council, Hospice of Hilo, Legal Aid Society, and the County Office of Aging. CAN is led by Darryl Oliveira (formerly fire chief and civil defense administrator of Hawaii County) and Randy Kurohara (small business owner and formerly managing director of Hawaii County.

CAN is in the process of launching an online, functional directory of community resources and key contacts. Issues such as transportation gaps, a community platform for data and care coordination, and other systemic and policy issues are discussed. It became clear to us, however, that policy meets reality in the real problems in the field and that case studies can most effectively drive improvement. The Community Care Improvement Team wants to take this approach and vetted the idea of comprehensive, care coordination across the community and a community QA (quality assurance) process at a "Care Coordination Summit" in Hilo which included 80 participants from over 30 entities.

Community Support for this Bill

On January 24, 2018 both the East Hawaii Regional Health Improvement Collaborative and the CAN voted unanimously to support the Bill to harmonize QA definitions in the statutes regarding confidentiality in QA committees and regarding the protection of the discussions of QA committees. This will enable us to create the legal framework for QA discussions of the Community Care Improvement Team to be protected.

COMMUNITY FIRST BILL

Enables Quality Assurance of Care across Medical and Social Services

SB2487 Relating to Health

Background: Quality Assurance Committees

Quality Assurance (QA) Committees provide hospitals, health plans, long term care facilities, and other healthcare organizations with a mechanism to evaluate, monitor, and improve quality of care; reduce patient risk and error; and assess the overall effectiveness of care provided to patients. QA committees are well established and essential to our healthcare delivery system.

Reason for the Legislation

High cost, high need patients typically have non-medical needs which impact their healthcare outcomes. For these patients, social services as well as medical services are critical. This legislation allows a community to have QA discussions with both medical and social services providers at the table. It allows for "an interdisciplinary committee composed of representatives of organizations" to have protected QA discussions to improve the treatment of patients with complex medical and social needs. Since the top 1% of high cost patients consume 20% of the nation's total medical spend, there is also a compelling fiscal reason to improve healthcare outcomes while lowering costs by effectively addressing both the medical and non-medical needs of these patients.

Purpose of the Legislation

The legislative fix is straightforward and may even be considered housekeeping. It:

- Provides consistent definitions of a QA Committee in two separate but related sections of Hawaii law (Confidentiality of proceedings of QA Committees (HRS § 624-25.5) and Protection of proceedings of QA Committees (HRS § 663-1.7.)) In HRS § 624-25.5, the definition of a QA Committee also recognizes "an interdisciplinary committee composed of representatives of organizations (underline added)." This is omitted in HRS § 663-1.7. Thus currently, representatives of organizations may have QA discussions, but these discussions are not protected. This undermines the essential purpose of the QA statutes which is to create a protected forum where providers can openly and straightforwardly identify areas for improvement in the treatment of patients.

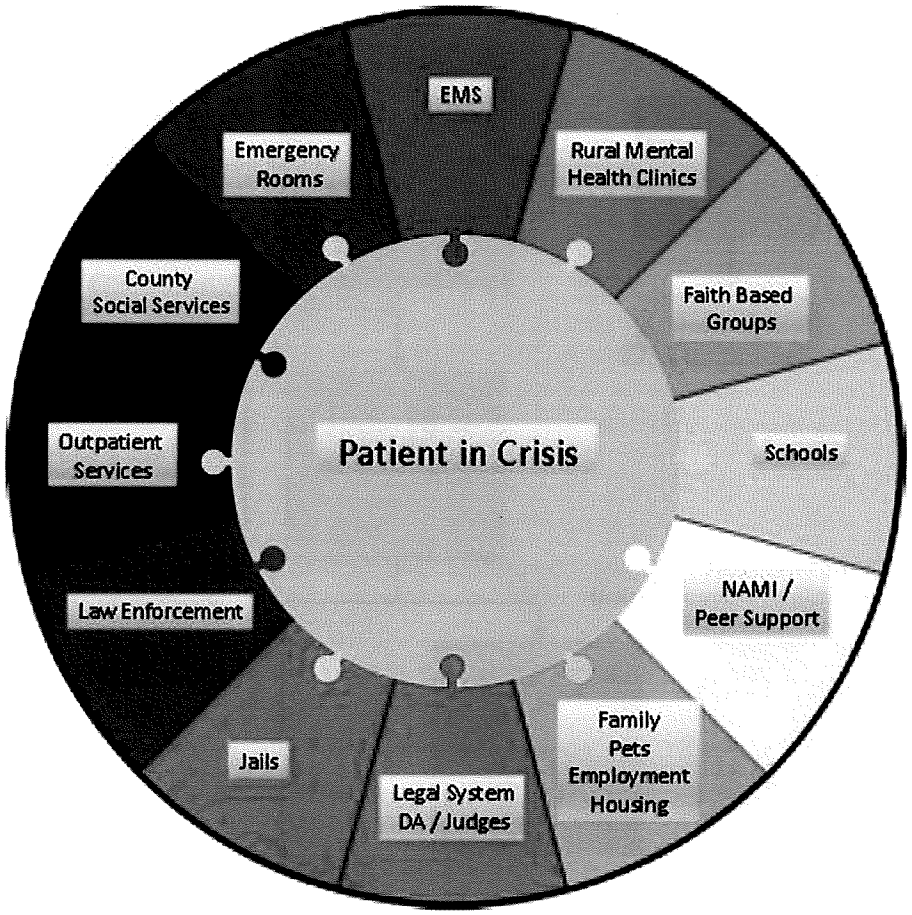
- Enables QA discussions across medical and social service providers who all impact the healthcare outcomes of a patient.

Key Aspects of a QA Committee

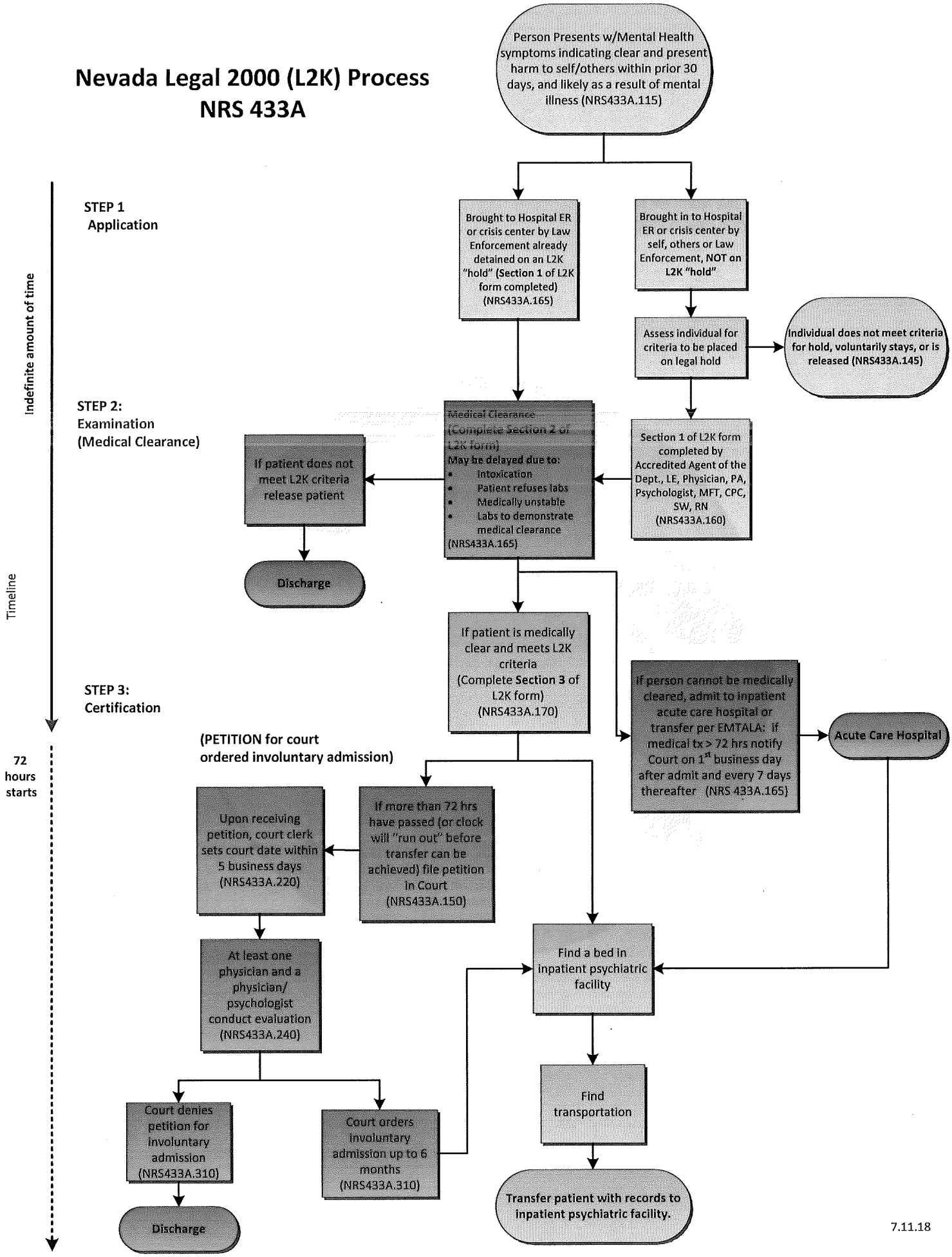
- QA committees must comply with HIPAA and similar State laws which protect the use and disclosure of protected health information.
- The main function of a QA committee is to monitor and evaluate patient care to identify, study and correct deficiencies in the healthcare delivery system

A Look into Nevada Revised Statutes Chapter 433A:

Presentation for the Northern Nevada Regional Behavioral Health Policy Board



Nevada Legal 2000 (L2K) Process
NRS 433A



7.11.18

APPLICATION, MEDICAL CLEARANCE, AND CERTIFICATION FOR EMERGENCY ADMISSION OF AN ALLEGEDLY MENTALLY ILL PERSON TO A MENTAL HEALTH FACILITY

Definition of Mental Illness, NRS.433A.115:

As used in NRS 433A.120 to 433A.330, inclusive, unless the context otherwise requires, "mentally ill person" means any person whose capacity to exercise self-control, judgment and discretion in the conduct of his/her affairs and social relations or to care for personal needs is diminished as a result of mental illness to the extent that (s)he presents a clear and present danger of harm to self or others, but does not include any person in whom that capacity is diminished by epilepsy, mental retardation, dementia, delirium, brief periods of intoxication caused by alcohol or drugs or dependence upon or addiction to alcohol or drugs unless a mental illness that can be diagnosed is also present which contributes to the diminished capacity of the person.

I have reason to believe that _____ is a mentally ill person as follows:

A person presents a clear and present danger of harm to self or others, if, within the preceding 30 days, (s)he has, as a result of mental illness (Check all that apply):

☐ (a) Acted in a manner from which it may reasonably be inferred that, without the care, supervision or continued assistance of others, (s)he will be unable to satisfy the need for nourishment, personal or medical care, shelter, self- protection or safety due to mental illness, and if there exists a reasonable probability that death, serious bodily injury or physical debilitation will occur within the next 30 days unless admitted to a mental health facility pursuant to the provisions of NRS. 433A.120 to 433A.330 inclusive and adequate treatment is provided;

☐ (b) Attempted or threatened to commit suicide or committed acts in furtherance of a threat to commit suicide and if there exists a reasonable probability that (s)he will commit suicide unless (s)he is admitted to a mental health facility pursuant to the provisions of NRS 433A.120 to 433A.330 inclusive, and adequate treatment is provided;

☐ (c) Mutilated self, attempted or threatened to mutilate self or committed acts in furtherance of a threat to mutilate self and, if there exists a reasonable probability that (s)he will mutilate self unless (s)he is admitted to a mental health facility pursuant to the provisions of NRS 433A.120 to 433A.330, inclusive, and adequate treatment is provided; or

☐ (d) Inflicted or attempted to inflict serious bodily harm on any other person, or made threats to inflict harm and committed acts in furtherance of those threats, and if there exists a reasonable probability that (s)he will do so again unless (s)he is admitted to a mental health facility pursuant to the provisions of NRS 433A.120 to 433A.330, inclusive and adequate treatment is provided.

Describe in detail the behaviors you observed in the person leading you to believe (s)he is mentally ill and a danger to self or others. (Do not give diagnosis to describe behaviors).

_____

_____

_____

_____

_____

_____

I am currently ☐ an accredited agent of the Department or ☐ an officer authorized to make arrests in the state of Nevada or I am currently licensed in the state of Nevada as a ☐ physician, ☐ physician assistant, ☐ psychologist, ☐ marriage and family therapist, ☐ clinical professional counselor, ☐ social worker, ☐ advanced practice registered nurse with psychiatric training, or ☐ registered nurse.

Current Nevada license number (if applicable)_____ Badge number (if applicable):_____

Person completing application signature:_____ Date:_____ Time:_____

Patient ID sticker:

EXAMINATION (MEDICAL CLEARANCE)

433A.165 EMERGENCY ADMISSION: EXAMINATION REQUIRED BEFORE PERSON MAY BE ADMITTED TO A MENTAL HEALTH FACILITY.

1. Before an allegedly mentally ill person may be admitted to a public or private mental health facility pursuant to NRS 433A .160, (s)he must:
   a. First be examined by a licensed physician, physician assistant or advanced practitioner of nursing at a location where a practitioner is authorized to conduct such an examination to determine whether (s)he has medical problems, other than a psychiatric problem which require immediate treatment, and
   b. If such treatment is required, be admitted to a hospital for the appropriate medical care.

MEDICAL CLEARANCE CHECKLIST: MUST BE COMPLETED IN ITS ENTIRETY AND ATTACHED.

☐ On the basis of my personal examination of this allegedly mentally ill person on_____day at _____ o'clock, am/pm, this person has no medical disorder or disease other than a psychiatric problem that requires hospitalization for treatment.

☐ Patient has a medical disorder/disease requiring hospitalization; patient admitted or transferred to:_____

Name of examining medical professional:_____Current Nevada License#: _____

Signature:_____Date:_____Time: _____

CERTIFICATE FOR EMERGENCY ADMISSION TO A MENTAL HEALTH FACILITY

Describe in detail the behaviors you observed in the person leading you to believe (s)he is mentally ill and a danger to self or others as described in NRS 433A.115.

☐ A. I have personally observed and examined this allegedly mentally ill person and have concluded that, as a result of mental illness, this person is likely to harm self or others.

☐ B. I have personally observed and examined this allegedly mentally ill person and have concluded that this person does **NOT** meet criteria to be certified.

My opinions and conclusions are based on the following facts and reasons (do not give diagnosis to describe behaviors): _____

_____

_____

_____

_____

_____

_____

☐ Psychologist ☐ Physician ☐ Physician Assistant (supervising psychiatrist):_____

☐ CSW with psychiatric training ☐ APRN with psychiatric training _____

Name of examiner:_____Signature:_____

Current License #_____Date_____Time_____

At this time, having checked check box A above, the person is certified to be eligible for an Emergency Admission to a Mental Health Facility pursuant to NRS433A.150.

Patient ID sticker:

CERTIFICATE OF RELEASE OF PERSON ADMITTED TO MENTAL HEALTH FACILITY OR HOSPITAL

I have personally observed and examined this person and have concluded that (s)he is not or is no longer a danger to self or others as a result of mental illness pursuant to NRS433A.195. **Describe in detail the behaviors you observed in the person leading you to this conclusion:**

_____

_____

_____

_____

_____

_____

_____

☐ Psychiatrist ☐ Psychologist ☐ Physician Assistant (supervising psychiatrist): _

_____

☐ Physician ☐ CSW with psychiatric training ☐ APRN with psychiatric training _

_____

Name of examiner: _____

Name Current License Date Time

Signature _____

At this time, the person is no longer certified to be eligible for an Emergency Admission pursuant to NRS433A.195.

Patient ID sticker:

Medical Clearance Checklist

To be completed when patient is medically cleared by the acute care hospital.

☐ Medical clearance attestation form included

Person completing form _____ Contact phone number _____

Any vital signs outside of normal limits? If yes, a doctor consult may be requested. Select all that apply. For a pediatric patient, vital signs indices outside the normal range for his/her age and sex.

☐ Temperature > 101 ☐ Pulse outside of <50 to >120 beats/minute ☐ Blood pressure systolic <90 or >200; diastolic >120

☐ Respiratory rate > 24 breaths/minute

Blood drug and alcohol screen results _____

Date BA and BL taken _____ Time BA and BL taken _____

Pregnancy test results, if indicated _____

Date of doctor to doctor consult (if necessary) _____ Time of doctor to doctor consult (if necessary) _____

Any abnormal physical test examination?

Absence of significant part of body, e.g. limb _____ If yes, identify _____

Acute and chronic trauma (including signs of victimization/abuse) _____ Breath sounds _____

Cardiac dysrhythmia, murmurs _____ Skin and vascular signs _____

Abdominal distension, bowel sounds _____

Neurological abnormalities present? _____

If yes, explain _____

Any past or current medical illness requiring evaluation? _____

If yes, explain _____

Date patient was medically cleared _____ Time patient was medically cleared _____

Hospital discharge date _____ Hospital discharge time _____

Which psychiatric facilities did you refer to? (Select multiple by holding Ctrl)

BHC WEST HILLS HOSPITAL
CARSON TAHOE REGIONAL MEDICAL CENTER
DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL LLC
DESERT WILLOW TREATMENT CENTER
DINI-TOWNSEND HOSPITAL AT NORTHERN NEVADA ADULT MENTAL HEALTH
LAKES CROSSING CENTER
MONTEVISTA HOSPITAL
NEW BENCHMARK
NORTH VISTA HOSPITAL
RENO BEHAVIORAL HEALTH
SAINT MARYS REGIONAL MEDICAL CENTER
SEVEN HILLS BEHAVIORAL INSTITUTE
SOUTHERN HILLS HOSPITAL AND MEDICAL CENTER
SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES
SPRING MOUNTAIN SAHARA
SPRING MOUNTAIN TREATMENT CENTER
SPRING MOUNTAIN TREATMENT CENTER
VALLEY HOSPITAL MEDICAL CENTER
WILLOW SPRINGS CENTER

Final Disposition | If other, please specify

Which psychiatric facility accepted the patient?

Highlights of Known Issues with NRS433A & NRS433B

- A "person with mental illness" is defined as a person who is a "clear and present danger of harm to self or others"
- The term "Legal Hold" is stigmatizing and connotes the legal system and law enforcement, not a health crisis
- The 72-hour clock begins after medical clearance and certification but leaves an indefinite amount of time to complete both items
- No regulations exist for 433a and 433b
- Sequencing throughout both chapters is difficult to follow
- Verbiage: Multiple words for same processes and undefined terms
- No definition of what constitutes medical clearance, however multiple agreements on the definition between Nevada Hospital Association (NHA), Nevada Rural Hospital Partners (NRHP) and the Division of Public and Behavioral Health (DPBH) have been made.
- The Legal 2000 (L2K) forms have been updated recently but multiple editions continue to circulate statewide
- Varying interpretations of NRS by various counties, district courts, hospitals, law enforcement agencies, etc. have led to immense confusion statewide
- There is a clear need for respectful modes of transportation that do not unduly burden law enforcement or EMS
- Nevada's State Psychiatric Hospitals are not accepting voluntary admissions and operate with a constant wait list for admission

Guiding Principles for NRS433A Reforms

In writing a Bill Draft Request (BDR) for NRS433A reforms, we believe:

1. the civil commitment process should not define a "person with mental illness" as a person who is a "clear and present danger of harm to self or others." The process should instead only apply to an individual in a mental health crisis;

2. the 72hr clock for an emergency admission should begin upon the completion of section 1 "Application" of the Legal 2000 form, and not after medical clearance;

3. the process for extending a hold must be more clearly defined;

4. respectful modes of transportation that have reimbursement must be included;

5. specific language stating that Protected Health Information (PHI) may be shared with those participating in the care/transportation/detention of an individual on a legal hold should be included;

6. that overall, the language in the chapter should be cleaned-up to be more defined, easier to understand, and match current practices to resolve an individual's mental health crisis, and not an individual's mental illness.

In so doing, all of the above reforms to NRS433A will benefit individuals in a mental health crisis, their family members, law enforcement, health providers, and the judicial system. Additionally, this will support a long-term goal that Nevada seeks to implement a Behavioral Health Continuum of Care including MOST, MDT, CTC, peer support and more ensuring that patients in crisis are taken to an appropriate setting for quality behavioral healthcare initially rather than an inappropriate jail detention or Emergency Room stay.

Lastly, we support the development of a behavioral health patient's bill of rights as distributed in Colorado.

Perceived Problems with NRS433A

1. **Lack of definitions for terms used in the chapter**
   - Person: (NRS433A.115) Does this include minors?
   - Age of Majority: (NRS433A.140) Does this mean 18? What about emancipated minors?
   - Application: (NRS433A.140) Does a person apply or present for treatment?
   - Hospital: (NRS433A.145) Does this mean "acute care hospital" or "psychiatric hospital"?
   - Need clarification that "examination" means medical clearance, but "evaluation" means psychiatric eval. Need definitions for what constitutes medical clearance and evaluation.

2. **Verbiage**
   - Multiple terms used to describe what is actually a Division Mental Health Facility such as:
     - Mental health center (NRS433A.010)
     - Division facility (NRS433A.016)
     - Mental health facility (NRS433A.019)
     - Public facility (NRS433A.140)
   - Legal 2000 label is stigmatizing, related to legal system instead of healthcare
   - (NRS433A.115) "Person with Mental Illness" – Defined as a "clear and present danger of harm to self or others". Not every person with mental illness is a clear and present danger of harm to self or others and this term is stigmatizing particularly when (NRS433A.195) a qualified professional must declare that "he or she has concluded that the person is not a person with a mental illness" in order to release a legal hold.
   - 72-hour clock starts (NRS433A.150) after the medical clearance and certification, with no time constraint on the process for medical clearance and certification. This time frame is only 48 hours if they were transferred from a voluntary admission (NRS433A.145) and should be 72 hours as well, so there is no confusion over multiple timelines.
   - (NRS433A.150 (2.)) makes it appear that there are exceptions to medical clearance being required. This is not true and medical clearance is always required.
   - Admission: (NRS433A.150) The person is not admitted to an acute care hospital unless medical clearance cannot be completed. NRS never considers Emergency Rooms in this process.

3. **Sequencing**
   - Voluntary Admission process (NRS433A.140) describes application for admission, then release, then examination.
   - Emergency admission process (NRS433A.145 – NRS433A.197) subsections out of order.

4. **Current practice doesn't match the NRS**
   - Voluntary admission – NNAMHS/SNAMHS do not currently accept walk-in voluntary consumers purportedly due to NRS433A.140 (6.) based on "limits of the money made available to the facility."
   - Accredited Agents of the Department – don't exist and never have to our knowledge.
   - NRS433A.190 appears to violate HIPAA.

5. **Regulations in NRS433A.165 (sub. 8) were never completed:**
   - 8. The Division shall adopt regulations to carry out the provisions of this section, including, without limitation, regulations that: (a) Define "emergency services or care" as that term is used in this section; and (b) Prescribe the type of medical facility that a person may be admitted to pursuant to subparagraph (2) of paragraph (b) of subsection 1.

Involuntary Commitments and Psychiatric Hospitals

What does this mean to You and Your Loved Ones?

WEST SPRINGS *hospital*
Psychiatric Care & Recovery
515 28 3/4 Road • Grand Junction, CO 81501
970.263.4918
WestSpringsHospital.org

WEST SPRINGS *hospital*
Psychiatric Care & Recovery

M-1: INVOLUNTARY COMMITMENT

What are the kinds of laws that apply to West Springs and other psychiatric hospitals?

Colorado Revised Statute

27.65 Title 27, Article 65, of the Colorado Revised Statutes contains a number of laws relating to behavioral health situations. Title 27, Article 65, addresses many kinds of legal 'holds', here are some of the most common. For a complete list please visit colorado.gov

What the law in Colorado says:

"When any person appears to have a mental illness and, as a result of such mental illness, appears to be an imminent danger to others or to himself or herself or appears to be gravely disabled, then a... intervening professional, upon probable cause and with such assistance as maybe required, may take the person into custody, or cause the person to be taken into custody, and placed in a facility designated or approved ....for a seventy-two-hour treatment and evaluation.

The following persons may effect a seventy-two-hour hold

A certified peace officer;

A professional person;

A registered professional nurse or a licensed marriage and family therapist or licensed professional counselor,...who...has gained knowledge, judgment, and skill in psychiatric or clinical mental health therapy, forensic psychotherapy, or the evaluation of mental disorders; or a licensed clinical social worker"

It's called an M-1 hold.

Here's what it means to you and your loved one:

If a person exhibits severe mental illness symptoms, a family member or a friend may bring them to West Springs Hospital, or perhaps a crisis center or another hospital's emergency room. It may be law enforcement that brings the patient in, possibly at the request of family or friends. Not every hospital can take a psychiatric patient so often those physical health care hospitals look to West Springs to admit the patient. Often patients arrive at West Springs Hospital already under the hold. **West Springs Hospital is rarely the one to place a patient under a hold.**

Who can put someone on a hold?
A professional person, identified as:

Any Physician

Any Officer of the Law

Any Licensed Mental health therapist, social worker or nurse

Under an M-1 hold, West Springs Hospital has up to 72 hours to provide evaluation & treatment

What may happen at the end of the 72 hours?

1. The patient may be discharged, or
2. The patient may opt to stay as a voluntary patient, or
3. The court may be asked by West Springs Hospital to extend the hold up to an additional 90 days. This now is called an 'M-8 Hold' or 'M-8 certification'. The length of a patient's hospitalization usually is significantly less than 90 days.

During both M-1 and M-8 holds patient rights continue.

M-2: PATIENT BILL OF RIGHTS

What the law in Colorado says:

1. YOUR TREATMENT You will be examined to determine your mental condition. If you understand and participate in your evaluation, care and treatment you may achieve better results. The staff has a responsibility to give you the best care and treatment possible and available, and to respect your rights.

2. NO DISCRIMINATION You have the right to the same consideration and treatment as anyone else regardless of race, color, national origin, age, sex, political affiliation, financial status or disability.

3. YOUR LAWYER You have the right to retain and consult with an attorney at any time. If you are hospitalized involuntarily, the court will appoint an attorney for you (at your own expense, if you are found able to afford one).

4. TELEPHONES You have the right to ready access to telephones, both to make and receive calls in privacy.

5. LETTERS You have the right to receive and send sealed letters. No incoming or outgoing letters will be opened, delayed, held or censored by personnel of the facility.

6. WRITING MATERIALS You have the right to access letter writing materials, including postage. They will be provided, if needed. If you are unable to write, members of the facility will assist you to write, prepare, or mail correspondence.

7. VISITORS You have the right to frequent and convenient opportunities to meet with visitors. The facility may not deny visits at any time by your attorney, clergyman or physician. You have the right to determine a 'visitor's list' of whom you do and don't want to see.

8. REFUSAL OF MEDICATIONS You have the right to refuse to take medications, unless you are an imminent danger to yourself or others, or the court has ordered medications.

9. CERTIFICATION If you are an involuntary patient, you have the right to a review of your certification or treatment by a judge or jury, and you may ask the court to appoint an independent professional person (psychiatrist or psychologist) to examine you and to testify at your hearing.

10. CLOTHING AND POSSESSIONS You have the right to wear your own clothes, keep and use your own possessions, and keep and be allowed to spend a reasonable sum of your own money.

11. SIGNING IN VOLUNTARILY You have the right to sign in voluntarily, unless reasonable grounds exist to believe you will not remain a voluntary patient.

12. LEAST RESTRICTIVE TREATMENT You have the right to receive medical and psychiatric care and treatment in the least restrictive treatment setting possible, suited to meet your individual needs.

13. TRANSFERS If you are certified, you have the right to twenty-four (24) hour notice before being transferred to another facility unless an emergency exists. You also have the right to protest to the court any such transfer, the right to notify whom you wish to about the transfer, and the right to have the facility notify up to two persons designated by you, about your transfer.

14. CONFIDENTIALITY You have the right to confidentiality of your treatment records except as required by law.

15. ACCESS TO MEDICAL RECORDS You have the right to see your medical records at reasonable times.

16. FINGERPRINTS You have the right not to be fingerprinted unless it is required by law.

17. PHOTOGRAPHS You have the right to refuse to be photographed except for hospital identification purposes.

18. VOTING You have the right to the opportunity to register and vote by absentee ballot with staff assistance.

19. RESTRICTIONS If you abuse rights regarding telephones, letters, writing materials, visitors or clothing and possessions, these rights may be restricted by your treatment team, and you must be given an explanation as to why the right is to be restricted. Restricted rights will be evaluated for therapeutic effectiveness every seven (7) days.

20. GRIEVANCES Grievances or complaints may be submitted to the Colorado Department of Health, the Colorado Division of Behavioral Health or the Legal Center Serving persons with Disabilities. Your patient representative will help you select the proper agency for your complaint or grievance and assist you in preparing the complaint or grievance if you wish.

What the law in Colorado says:

Colorado Revised Statutes

12.43.214 (1) (c) The practice of both licensed and unlicensed persons in the field of psychology is regulated by the Department of Regulatory Agencies. Questions or complaints may be addressed to:

Department of Regulatory Agencies
1560 Broadway, Suite 1340
Denver, CO 80202
Phone: 303.894.7766

Additionally, West Springs Hospital has a formal grievance procedure (more on that later).

12.43.214 (1) (d) Patients are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure. A second opinion may be sought from another therapist, or an individual may terminate therapy at any time (this does not mean a person on an M-1 or M-8 may leave the hospital). In a professional relationship, sexual intimacy is never appropriate and should be reported to the grievance board. The information provided by a patient during therapy sessions is legally confidential in the case of licensed marriage & family therapists, clinical social workers, professional counselors and psychologists except for certain legal exceptions which will be identified by the therapist should any such situation arise during therapy.

12.43.214 (e) (3) Upon request, patients are entitled to information concerning any psychotherapist in the employ of the agency who is providing psychotherapy services to them. Such information includes: the therapist's name, educational degrees, licenses and credentials.

19.3.304 (1) Patients are entitled to know that mental health professionals who have reasonable cause to know or suspect that a child has been subjected to abuse must report it to the county department of human services or local law enforcement.

31.21.117 All patients are entitled to know that mental health professionals have a duty to warn and protect third parties of violent behavior when a patient communicates a serious threat of physical violence to a specific person or persons, including those identifiable by their association with a specific location or entity.

Special Circumstances

Federal and Colorado state law require West Springs Hospital and staff to disclose health or treatment information about a patient without written authorization in special circumstances when necessary.

Special circumstances include, but are not limited to, the following:

- To prevent a serious threat to the health or safety of a person or the public
- To prevent or control disease, injury or disability
- To report births and deaths
- To report child abuse and neglect
- To report reactions to medications
- To notify people of recall of medications they may be using
- To notify a person who may have been exposed to a disease
- When required by court order or valid subpoena, to inform appropriate authorities if West Springs Hospital believes a patient has been a victim of abuse, neglect or domestic violence

What the Law says about privacy:

While West Springs Hospital encourages exchange of information, we follow the **Health Insurance Portability & Accountability Act of 1996 (HIPAA),** which protects privacy rights as well as addresses security and privacy of health-related information.

What does this mean to you and/or your loved one?

- Family members of patients that come in on an M-1 (72-hour hold) may be contacted by a hospital employee in order to gather information about the patient within that 72-hour time frame, whether there is a signed authorization or not.
- A patient's medical records, including treatment plans, are confidential and your loved one has the right to control the disclosure of information about themselves. They also have the right to decide who their information can be disclosed to. Except in Special Circumstances mentioned earlier, a patient must sign an authorization in order for West Springs Hospital to be able to disclose ANYTHING about a patient with ANYONE, including confirming or denying if someone is or was a patient. Listening carefully to family members may be all West Springs Hospital staff is able to do during a phone call.
- Family members are welcome to call the hospital at any time to share information with an employee, however, once the M-1 hold ends the employee may no longer be able to share information and/or provide an update to the family member if the patient has not signed an authorization allowing disclosure of information to that person.
- Patients often change their minds and may sign an authorization one day and revoke it the next, which means that contact with family members could change within 24 hours.
- Patients retain their right of choice even in cases where family disagrees. In cases where patients and family differ or oppose, patient rights and choices override family preferences and directives.
- If you are the parent of a patient under the age of 15, or the legal guardian of a patient, you always have a right to receive information.

Notice of Privacy Practice

Upon admission to West Springs Hospital, patients receive a Notice of Privacy Practice which describes their rights and outlines certain obligations of the hospital regarding the use and disclosure of health and treatment information.

Some of the ways West Springs Hospital is allowed to use or disclose health & treatment information:

- For treatment, payment & administrative purposes regarding treatment
- For research (limited circumstances)
- For appointment reminders
- To access health-related information or resources
- For activities including audits, investigations, inspections etc.
- If required by law or regarding criminal activity

HIV INFORMATION

All medical information regarding HIV is kept strictly confidential and is released only in accordance with the requirements of Colorado state law (C.R.S. 25.4.1401, et seq). Disclosure of any health information regarding a patient's HIV status may only be made with specific written authorization of the patient. A general authorization for the release of health information is not enough.

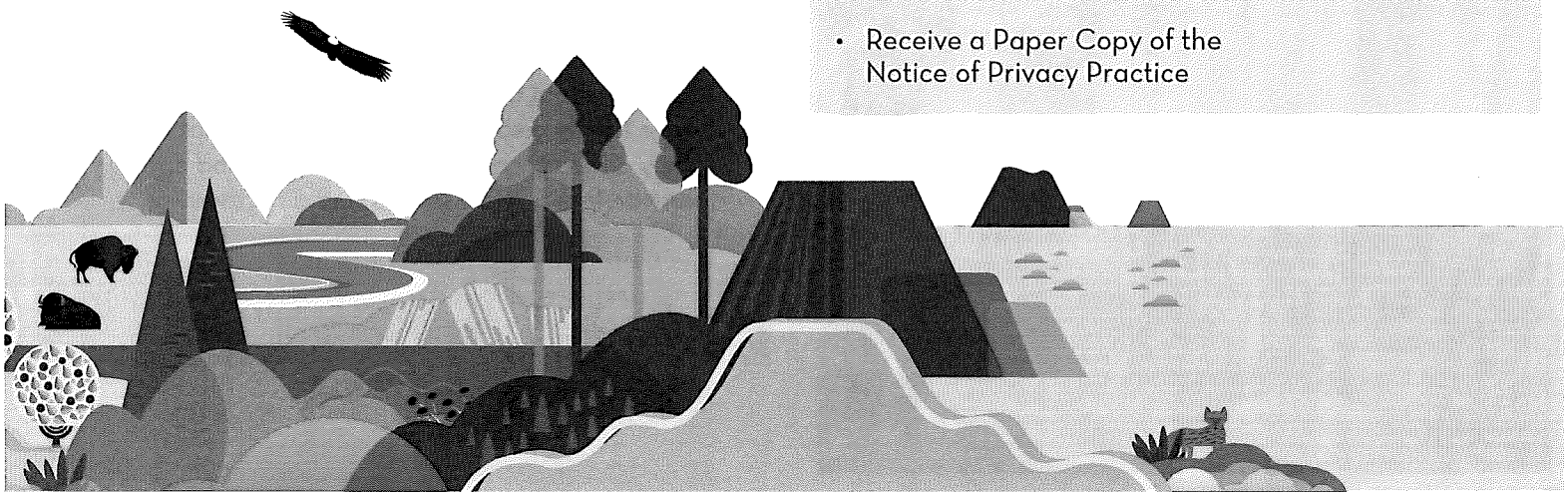
RIGHTS OF MINORS

All provisions of the Privacy Notice apply to parents, legal guardians or other persons authorized to act on a minor's behalf, with the exception of:

- A person aged 15 to 18 who has obtained treatment without parental consent. Parents or legal guardians may request information about a minor's mental health treatment, and their request may be granted, partially granted or denied without the minor's permission if the mental health treatment professional judges it to be in the minor's best interests.
- A minor of any age may consent to substance abuse treatment without parental permission. Parents or legal guardians may ONLY have access to a minor's substance abuse treatment information with written authorization from the minor.

Patients have the right to the following regarding their health information:

- Inspect & Copy
- Amend
- Request a Summary of who has been provided patient health information
- Request Restrictions on who can receive patient health information
- Request Confidential Communication
- Receive a Paper Copy of the Notice of Privacy Practice



A full and complete file of all policies and procedures is available in the Hospital Administration Office.

Visitation

- Visits by a patient's clergyperson, attorney or physician will not be restricted or denied at any time.
- Visiting hours are posted in-hospital, and information related to visitation is made available to patients and family members.
- Exceptions to normal visiting hours will be reviewed by a patient's treatment team whenever possible and the psychiatric provider must write an order approving any changes.
- Visitors not on a patient's approved contact list will be denied visitation, as will those who smell of alcohol and/or drugs, exhibit any symptoms of alcohol or drug intoxication or a communicable disease.
- There is a possibility your loved one may not want to see you or other family members, or want to cut the visit short. West Springs Hospital honors this right, and will act as a patient advocate if a visit is upsetting.
- Visitation is limited to 2 visitors at any one time.
- Visitors must be over the age of 12 unless an exception is approved by the patient's psychiatric provider.
- Visitation of minors is restricted to family members or legal guardians only. Friends of minors are not permitted.
- In the event a visitor is suspected of passing drugs, the visitor will be asked to leave the premises immediately and law enforcement will be called should resistance occur.
- After being discharged, patients are not allowed to visit other hospitalized patients for 90 days.

Patient Advocacy & Notice of Grievances

A very important person in West Springs Hospital is the patient representative, who serves as an advocate for those admitted to the hospital. The patient representative is available to both patients and families, assisting in clarifying information, supporting patient rights and connecting people to the right resources. The patient representative can help with grievances and also can pass along compliments regarding patient rights and the quality of care & service at the hospital.

Patient Representative: 970.683.7114 or 970.640.5020

Office Of Patient Advocacy: 866.470.5928

If you believe a patient's rights have not been observed:

- Discuss your concern with any staff member in person and/or in writing
- Personal and/or legal representatives may file a grievance on behalf of a patient by contacting our patient representative

You may obtain help in filing a grievance by also contacting:

Ombudsman for Medicaid Managed Care: 877.435.7123

Colorado Health Network: 800.804.5008

When a grievance is filed, the following occurs:

- A written acknowledgment of the grievance will be sent within 2 working days of receipt
- You will be contacted to discuss your concerns
- You will receive a proposed resolution, in writing, within seven (7) calendar days of receipt of grievance
- If, at any point, a patient is not satisfied with the resolution and wishes to file an appeal, the patient representative can assist you with the appeals process

FREQUENTLY ASKED QUESTIONS

WHAT IS A TYPICAL DAY LIKE?

Each day, patients follow a structured schedule that may include group and/or individual therapy, recreation activities, treatment plan meetings, family sessions and private time for reflection and working on written assignments. Each patient is seen daily by a psychiatric provider (psychiatrist and/or advanced practice psychiatric nurse and/or physicians assistant). Peer Services, provided by individuals who have walked in patients' shoes, also conduct groups in the hospital as well as share their recovery stories. They also provide aftercare services through Mind Springs Health's outpatient care.

ARE FAMILIES EXPECTED TO BE INVOLVED?

Yes, it is extremely important that family members participate in treatment. Family members are essential members of each patient's treatment team and family support assists in healing. It is also very helpful for families to understand and participate in the discharge and aftercare plans. **Once discharged, if you notice any changes in behavior or the safety level of your loved one, please call us and make us aware of your concerns immediately.**

WHAT CAN ONE EXPECT FROM TREATMENT?

Treatment starts with the evaluation of the situation directly related to the admission, the gathering of patient history and diagnosis evaluation. Patients work on developing the life skills and coping strategies appropriate for their illness and circumstances which they will need to continue to use after discharge. The more a patient and their support system is engaged in treatment and embracing new ways of doing things, the more successful treatment can be.

HOW LONG DOES TREATMENT LAST?

People respond to treatment differently. Depending on age, willingness to confront problems and the severity of symptoms, the length of treatment varies. Hospitalized adults usually stay between 5 and 7 days. Children and adolescents may stay as long as 10 to 12 days. Case managers and the treatment team work to develop aftercare plans based on the individual needs of each patient.

WHAT IS A TREATMENT TEAM? WHO IS A PART OF IT?

Every patient has a treatment team, also known as a patient care team. This team is made up of professionals whose job is to make sure that all aspects of a patient's care are addressed and coordinated. A treatment team often consists of psychiatric providers (psychiatrist or advanced practice psychiatric nurse or physician assistant), hospital medical director, family nurse practitioners, nurses, therapists, mental health workers & case managers. West Springs Hospital's Administrator, Kim Boe, also is available to be part of the team when needed.

WILL YOU MEDICATE MY FAMILY MEMBER?

Medications are a powerful and effective tool in treating mental illnesses. Our providers will only prescribe medications after the benefits and any possible side effects of each medication have been thoroughly reviewed with the patient and family (with permission), and after consents have been granted. Medications are closely monitored and their effectiveness is frequently reviewed by the treatment team.

WHY ARE ALL THE DOORS IN THE HOSPITAL LOCKED?

West Springs Hospital is committed to providing a safe, secure environment for all patients. Many patients have illnesses that make it difficult for them to maintain their own safety. We are also committed to maintaining the confidentiality of our patients and must be able to identify any visitors to the hospital before they enter patient areas. Our doors are locked to insure the safety of our patients and to protect their right to privacy.

WHAT ABOUT SIMPLE THINGS LIKE SHOWER CURTAINS OR REGULAR SILVERWARE, WHY ARE THOSE NOT AVAILABLE?

As West Springs Hospital is a safe and secure environment, anything that could be construed as or constructed into something unsafe is not allowed within the hospital. As an additional safety measure after meals, all utensils are counted and accounted for. For a more complete list of items considered dangerous ('contraband'), please consult our Family Guide (available at Hospital or at WestSpringsHospital.org).

CAN MY CHILDREN HAVE THEIR OWN TOYS AT THE HOSPITAL?

We provide toys, books, etc. for your child to play with during their stay. If you feel it would be important for your child to have a few favorite toys from home, please discuss this with your child's treatment team. Please remember that we are not responsible for toys from home that are lost or broken.

CAN MY CHILD OR FAMILY MEMBER HAVE THEIR CDS, MP3 PLAYERS, ETC?

Due to safety issues, all electronic devices needs to be left at home. We are able to provide radios and music for patients on an individual basis, depending upon their treatment needs.

WILL MY CHILD ATTEND SCHOOL?

There is not a school on site; however, we are able to help children with their school work if their assignments are provided. If at all possible, please bring school work at the time of your child's admission, or shortly thereafter. Completed assignments will be given back to parents to return to their child's school.

THERE ARE 2 BEDS IN EACH BEDROOM. CAN, OR DO, MEN AND WOMEN SHARE ROOMS ? CHILDREN AND ADULTS?

No, never. Women only have female roommates, men only have male roommates. Children only room with other children of the same sex and similar age.

WHAT IS A DENIAL OF RIGHTS? WHAT CIRCUMSTANCES MIGHT LEAD TO IT?

West Springs Hospital supports and advocates patients be involved in the planning and decision-making about their care. If the treatment team determines it is in the best interest of a patient to restrict a right, it is the Hospital's obligation to communicate the restrictions, and the reasons for them, to the patient and parent/guardians of minors.

WHO DO I CONTACT WITH QUESTIONS ABOUT MY FAMILY MEMBER'S HOSPITALIZATION?

The case manager or psychiatric provider are the primary contacts during hospitalization. The case manager will coordinate a discharge session prior to discharge where questions and concerns will be addressed.

WHAT IS THE COST OF HOSPITALIZATION?

Payment is required at time of discharge unless other arrangements have been made through the hospital business office. We accept most insurances and VISA or MasterCard. Business office personnel are available to answer questions about the cost or coverage for hospitalization. Please have copies of insurance, Medicare or Medicaid card available. We offer a sliding scale dependent upon each patient's financial picture. You will be asked to provide proof of income to determine whether a discount is appropriate.

WHO DO I CONTACT IF I HAVE QUESTIONS?

Financial Questions: Business Office: 970.683.7127

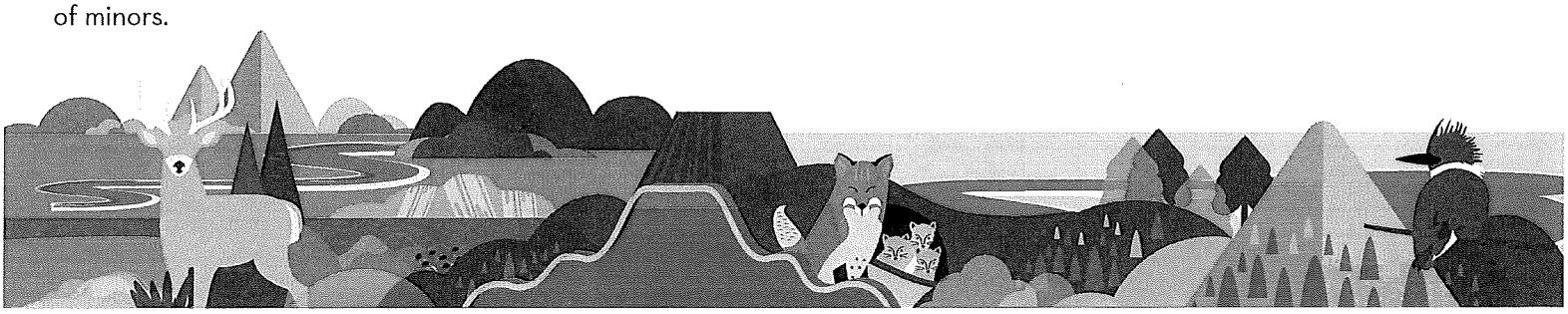
Nursing Issues: 970.683.7163

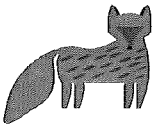
Psychiatric Providers/Medications: 970.263.4918

Case Managers: 970.263.4918

Administrator: 970.683.7072

Grievances/Issues/Complaints: 970.683.7114





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